IDAHO DEPARTMENT OF INSURANCE TERMINATION

OF PRODUCER'S AUTHORITY TO ACT UNDER **COMPANY** OR **FIRM** LICENSE

Noti	ce is hereby given that			
	. 0	Name of producer		
Prod	lucer's license #	line(s) of authority:		
is to	be deleted from our license as a proc	ducer to act under the company/agency license, effective		
Date	e of termination (may not backdate n	nore than 30 days)		
	Name of Company/Agency:			
	Company: NAIC number:	FEIN #:		
	Agency: Idaho license number: _			
		Signature of authorized individual/Producer		
		Printed name		
		Title (for authorized individual)		
NΟΊ	re.	Date		
 This request must be signed by an authorized individual of the firm or company unless a producer is terminating an appointment or registration, in which case the producer may sign, but is responsible for notifying any insurers or agencies that may be affected by this transaction. You do not need to send this form if you have transacted the termination electronically. If termination is for cause, please attach explanation & supporting documentation. Please fax to: 208-334-4398 or email to agent@doi.idaho.gov for processing. Check website for update of license record (allow min 24 hours for process). In case we have questions, please provide a contact name, email, and phone below:				
		Phone:		
E	il address.			

Termination of appointment/registration form cont.
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For multiple listings of producers to be terminated from your firm/company, see below:

Producer name	<u>Idaho Lic #</u>	Lines of Authority
		

NO FEE REQUIRED

Questions? Contact us at <u>agent@doi.idaho.gov</u>